The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, With of Baltimore.  Permit No. 99470 Office of Registrar of Vital Sedistics. Ward
The Physician who attended any person in a last illness, is Appension for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BY OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, (Write/legibly and spell)
Full Name of Deceased, { Write/legibly and spell correctly. If an Infant not named, give names of parents.  Sex, Male or Female, { Cross out the word not } Frequired in this line. }
Age, Months, 2 Days.
Color, White
Matried, Single, Widow or Widower, {Cross out the words not }  Occupation,  Dinth Place   State or country, and how   Baltimore
Birth Place, {State or country, and how long in the United States, long in the United States, }  Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 900. In Shutter
Cause of Death, Second (Immediate), Second (Im
Duration of Last Sickness, O MOUNT
Place of Burial, Holy Redeemer Comfore
Ondertaker, Kenny Hoech M. D. Medden Attendant.
Place of Business, 1023 Mentran Address 1053, h. 78 way
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the daty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far at the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Bealth Department, City of Baltimore.

Permit No. 494//	Office of Re	distran of	Stal Statisti	cs. Ward	11 9
The Physician who attended a to the Undertaker or other person	any person in a last ill superintending the bu	ness, is responsible for	or the presentation of ur hours after the de-	this Certificate, accurath of said deceased,	rately filled out, or sooner, if
requested so to do, under penalty of	law.	MT 11 119 13	CHI - E		
	TITIO	A Town or war		1	7.
CER	TIFICA	TEO	FDEA	TH.	
Date of Death,	April 2.	4. 1887	,		
Full Name of Deceased, $\left\{ \right.$	Write legibly and spell correctly. If an Infant not named, give names of parents.	Katu	ann	Menal	
Sex, Male or Female, {Cross required	ss out the word not }		•••/		
$Age, \dots$	Years,	/.	Months,		Days.
Color,	Col				
Married, Single, Widow	or Widower, {Cross requi	s out the words not }		\	
Occupation,	non		·····	······································	
Birth Place, State or country, and long in the United if of foreign birth.	States,	Batt	0.1		
Duration of Residence in	the City of B	altimore,	Tope		
Place of Death, Give Street as Number.	<sup>bd</sup> }	521.	n. Sall	as st	
Cause of Death, $\left\{egin{array}{l}  ext{First (Pr. Second ())} \end{array} ight.$	imary), Immediate),	Conne	- Cris		
Duration of Last Sicknes	88,	3 d.			
Place of Burial, Lan	rel Gen	2			
Date of Burial, Color	1-26 3/	887 3	10		
( Undertaker, Miller	and Dun	ged The	this	Medical Attendant.	M. D.
Place of Business,	50 Gust	Address.	1376	lean 2	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. Outp of Office of Registrar of The Physician who attended any person in a last illness, it responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if No Permit for Burial can be Ortained without a Proper Certificate. Date of Death,... 24 m april  $Full \ Name \ of \ Deceased, \left\{ egin{array}{ll} ext{Write legibly and spell} \ ext{correctly.} & ext{If an Infant not named, give names} \ ext{of parents.} \end{array} 
ight\}$ Sex, Male Prode, {Cross out the word not } required in this line. } Age, Forty Seven (47) Years, Color. Days Married, Single Widow or Widower, {Cross out the words not } required in this line. } Store Kupen. Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimae Duration of Residence in the City of Baltimore, Life line Place of Death, Give Street and Number. 1006. Foresh Place First (Primary), Pleurisy. Cause of Death, Second (Immediate), Pleus v-Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Undertaker, Place of Business, Address, 47 Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of senty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as a same can be acceptained, the full name sex age, and condition (whether married or single) of the person deceased, and the cause

enty-four nours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as a same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

nd date of death.

Undertaker,

Place of Business, 1000 6 Julie.

The Special Attention of Physicians	is Respectfully Invited to the R	emarks below, and to	List of Diseases on back	of this Octificate.
Health	Department,	City of	Baltimor	e. , "
Permit No. 99473	Office of Registra	r of Yital Se	catistics. Wa	rd 4
to the Undertaker or other person s requested so to do, under penalty of	ny person in a last illness, is res superintending the burial, within law. IT FOR BURIAL CAN BE OBTAIN	twenty-four hours after	the death of said dec	e, accurately filled out, eased, or sooner, if
CER	TIFICATE	OF D	EATH.	9
Date of Death,	ap	vil 24	th 188	7
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	ina Lyi	le Chai	res
Sex, Male or Female, {Cros requ	ired in this line.			
Age,	Years,	Month	<i>is</i> ,	Days.
Color,		While	2.7	
Married, Single, Widow o	r Widower, Cross out the wor	ds not }		,
Occupation,		Hou	sewife	6
Birth Place, State or country, and long in the United State of foreign birth.	d how States,	layton	Lin.	
Duration of Residence in		, 10	years	4
Place of Death, Give Street an Number.	d} 11137	wat	son si	<i>b</i> -
Cause of Death, $\left\{egin{array}{l}  ext{First (Prince)} \\  ext{Second (I)} \end{array} ight.$	mary),	Enhau	of Ston	nach a
Duration of Last Sicknes All the above information should be f		eal mas	ntho	
Place of Burial, / Cold	w Cemetery			
Date of Ramial (16	11 21 ch 1	1-1		1

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address.

M. D.

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(Undertaker

Place of Business,

The Special Attention of Physicians is Resp	ectfully Invited to the Re	emarks below, and t	o List of Diseases on bac	k of this Certificate.
Bealth Di				re. ~ ""
to the Undertaker or other person superint	te of Registration in a last illness, is respending the burial, within BURIAL CAN BE OBTAIN	consible for the prese twenty-four hours af	entation of this Certificater the death of said de	ard Sie, accurately filled out
CERTI	FICATE	OF	EATH.	63
Date of Death,	unday a	Bril 24	th. 1884	
Full Name of Deceased, write leg correctly, not name of parent	ribly and spell If an Infant s, give names	reloen C	rchran	1
Sex, Male or Female, Cross out the required in the	word not }	7,	nale	1
Age, 52 Ye			hs,	Days.
Color,		u	Lete	
Married, Single, Widow or Wid	lower, {Cross out the word required in this lin	ls not }	mamud	
			LT Coal D	Ealen
Birth Place, {State or country, and how long in the United States, if of foreign birth.		Sco	fland.	•
Duration of Residence in the	City of Baltimore,		35 years	
Place of Death, Give Street and		17 4	6. Ch	and St. ofa
$egin{aligned} Place & of & Death, \{ egin{array}{ll}  ext{Give Street and} \  ext{Number.} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	te), Frel	received oniting	ly bring his Nomach with	in the
Duration of Last Sickness,		4 Day	.d.	
Place of Burial, Satte	emetry			

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

M. D.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate epartment, Permit No. Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, according filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sconer, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. Date of Death, Write legibly and spell correctly. If an Infant not named, give names of parents. Deceased, Sex, Male or Female, {Cross out the word not required in this line. Age, ...Months, Color. Married, Single, Widow or Widower, {Cross out the words not } required in this line. } Occupation, ... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial,

Days

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of double of doub [OVER.]

The Special Attention of P	Physicians is Respectfully Invi	ted to the Remarks be	low, and to List of Di	seases on back of this Ce	rtificate.
Hea	ilth <b>Departi</b>	nent, Cit	y of Ba	ltimore.	/ 45
Permit No. 994/	76 Office of Re	egistrar of	ital Statisti	cs. Ward	6
The Physician who a to the Undertaker or other	ttended any person in a last il	lness, is responsible for	the presentation of	this Certificate, accurately	filled out,
requested so to do, under p	penalty of law. O PERMIT FOR BURIAL CAN		- 100 100 100		人"
С	ERTIFIC.	TE O	DEA	TH.	3
Date of Death,	YK	ret 2	3/8	7	
Full Name of Dece	eased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Jos	hiea M	Vallace	
Sex, Male or Femo	ale, {Cross out the word not }	0		/	
Age,	18 Years,	70 19	Months,		Days.
Color,		Color	Ed -	1/	
Married, Single, W	idow or Widower, Cros	s out the words not }	······································	1/	
Occupation,	Za	lover		<i>V</i>	
Birth Place, State or clong in the	ountry, and how e United States,	(Sal	to		
	ence in the City of B	Caltimore,		2	
Place of Death, {Giv	e Street and Number.	7 Don	Ter &	A	
, (1	First (Primary),	Ph	thisis		
Cause of Death, $\left. \left\{ \right. \right. \right.$	Second (Immediate),	Six	then	a	
Duration of Last S		n.	9		
Place of Burial,	Charfe It Courte	41			
Date of Burial, A	/ /11/	) /1r	10	me.	
( Undertaker, H.	creules Ross		W/ 50	Medical Attendant.	M. D.
Place of Busines	8,404 E on May	(St ) Address,	4/78	harps	1-1
Extract from Regulation	s of the Board of Health	to secure a full and ty of Baltimore.	correct record o	f the Vital Statistics	in the
wenty-four hours after the	further enacted and ordained, d during his or her last sickn death, to the Undertaker or of the full name, sex, age, and	That whenever any possess, or the Coroner, we ther persons superinte	hen the case comes up	nder his notice, to furnish ertificate setting forth as a person deceased, and the	within

Place of Business,

The Special Attention of Physician	s is Respectfully Invited to the Re	emarks below, and to	List of Diseases on back of t	his Certificate.
Bealth	Department,	City of	Baltimore.	25
Permit No. 774	Office of Registra.	The state of the s		
to the Undertaker or other person requested so to do, under penalty of	superintending the burial, within	twenty-four hours are	er the death of said decease	d, or sooner, if
CER	TIFICATE	1	EATH.	W
Date of Death,	(	- 110 11	25/887	
$Full \ Name \ of \ Deceased, \}$	Write legibly and spell correctly. If an Infant not named, give names of parents.	Herchre	e J.O. ma	ra
Sex, Male or Female, $\{^{cro}_{req}, \mathcal{G}^{cro}_{req}\}$	ss out the word not uired in this line.		0	
$Age,$ $\mathcal{I}$	Yoars,	Monti	hs,	Days.
,	Thile Cross out the wor	de not)	1/	
Married, Single, Widow	required withis li			
$egin{aligned} Occupation, & \ Birth & Place, egin{cases}  ext{State or country, a} \  ext{long in the United} \  ext{if of foreign birth.} \end{aligned}$	nd how States, Manc	heeler-	England.	
Duration of Residence in	n the City of Baltimore	D 19		
Place of Death, Give Street a Number.		Park y	1	
$ extit{Cause of Death}, egin{cases}  ext{First (Properties)} \  ext{Second (} \end{cases}$	Immediate), Gast	ro Enler	ytis	
Duration of Last Sickne		month	•	
Place of Burial,	ames Gents	nan.	n	
Date of Burial, April	928 1880	19	Sollen ham	М. <b>D</b> .
/// A	. /		1 Commonn	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respec	tfully Invited to the Re	marks below, and to Li	st of Diseases on back of t	his Certificate.
Yealth Der	yartment,	City of	Baltimore.	1
Permit No. 99478 Office	of Registrar	of Vital Sta	tistics. Ward	2
The Physician who attended any person to the Undertaker or other person superinten requested so to do, under penalty of law.  No Permit for Bu	in a last illness, is responding the burial, within URIAL CAN BE OBTAIN	wible for the presentate twenty-jour hours after without a Proper	tion of this Certificate, acc the death of said deceased R CERTIFICATE.	urately filled out,
CERTIF	TICATE	OF DE	EATH.	1
Date of Death,	pni 24	187	<b></b>	
Full Name of Deceased, Write legical correctly not named, of parents.	ly and spell If an Infant give names	eph de	aino	,
Sex, Male or Female, { Cross out the wo required in this	ord not }			
Age, 45 Year	rs,	Months,		Days.
Color, cut	ili		/	
Married, Single, Widow or Wido	Cross out the words	nôt}	1/	
Occupation.	leau ma	Ker	V	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	a.a.k	bo. md.		
Duration of Residence in the Ci	ity of Baltimore,	06/2	0.	
Place of Death (Give Street and)	1118 64	lusabe.	4. 1/	
Cause of Death, { First (Primary), Second (Immediate	Hemorrha, Cerebra	al finette	hall du from	injury
Duration of Last Sickness,	about	2 mos	?	
Place of Burial, London	Carlo	0		
Date of Burial, April 2	7/87	awnya	usfied	М. Д.
Place of Business, 307 h 6	Goodway Ad	dress, 129 °	Soffwas No.	ray
Extract from Regulations of the Board of	of Health to secure a City of Baltim		cord of the Vital Stati	stics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certifical
Board of Mealth, City of Baltimone,
Permit No. 9947 Office of Registrar of Vital Statistics. Ward 20  The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the birdial, within townly four hours after the death of said deceased, or sooner.
requested so to do, under penalty of law.  No Permit for Burial can be Usfained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Opin 25. 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Cross out the word not }
Age, Go Years, Months, Day
Color, White
Married, Single, Widow or Widower, (Cross out the word not ) Zna vied
Occupation
Birthplace, {State or country, and how long in the United States.} - Ballinne City
Duration of Residence in the City of Baltimore, Life
Place of Death, (Give street and ) 1416 West Laurale H.
First (Primary), Opinal Raralysis.
Cause of Death. Second (Immediate). Coma.
Duration of East Sickness tukning in allend ance from March 30.
Place of Burial Battimore Committee
Date of Burial, April 28th 1882 Marhung Brewer M. D
(Undertaker John, O Medical Attendant.
Place of Business, 16 150 Counder Address, 1031 1/2 Cucloff

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.